		FOR OHF USE					

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0046045

Facility Name: Arcola Health Care Center

Address: 422 East Fourth Street (Number) Arcola (City) 61910 (Zip Code)

County: Douglas

Telephone Number: (217) 268-3022 **Fax #** (217) 268-4180

IDPA ID Number: 371316056001

Date of Initial License for Current Owners: 11/09/93

Type of Ownership:

	VOLUNTARY,NON-PROFIT			X	PROPRIETARY			GOVERNMENTAL
		Charitable Corp.			Individual			State
		Trust			Partnership			County
IRS Exemption Code					Corporation			Other
				X	"Sub-S" Corp.			
					Limited Liability Co.			
					Trust			
					Other			

In the event there are further questions about this report, please contact:
Name: Christine A. Hanover **Telephone Number:** (312) 634-3400
Please send copies of desk review and audit adjustments to address on this page

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/03 to 12/31/03 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) _____
(Firm Name & Address) Altschuler, Melvoin and Glasser LLP, One South Wacker Drive, Suite 800, Chicago, IL 60606
(Telephone) (312) 634-3400 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	100	Skilled (SNF)	100	36,500	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	100	TOTALS	100	36,500	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			497	497	8
9	SNF/PED					9
10	ICF	29,599	2,415	1,189	33,203	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	29,599	2,415	1,686	33,700	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.33%

D. How many bed-hold days during this year were paid by Public Aid?
136 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Non-allowable costs have been eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 11/09/93

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/09/93 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 17 and days of care provided 497

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	129,218	14,704		143,922		143,922	235	144,157			1
2	Food Purchase		122,131		122,131		122,131	(21,456)	100,675			2
3	Housekeeping	73,195	15,631		88,826		88,826		88,826			3
4	Laundry	44,908	9,496		54,404		54,404		54,404			4
5	Heat and Other Utilities			96,677	96,677		96,677	638	97,315			5
6	Maintenance	29,429	30,382	7,588	67,399		67,399	3,915	71,314			6
7	Other (specify):*											7
8	**TOTAL General Services**	276,750	192,344	104,265	573,359		573,359	(16,668)	556,691			8
	B. Health Care and Programs											
9	Medical Director			18,550	18,550		18,550		18,550			9
10	Nursing and Medical Records	764,559	32,152	8,650	805,361		805,361		805,361			10
10a	Therapy			40,497	40,497		40,497		40,497			10a
11	Activities	27,618	411		28,029		28,029		28,029			11
12	Social Services	60,228	126		60,354		60,354		60,354			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	852,405	32,689	67,697	952,791		952,791		952,791			16
	C. General Administration											
17	Administrative	88,524		103,781	192,305		192,305	(103,781)	88,524			17
18	Directors Fees											18
19	Professional Services			15,033	15,033		15,033	14,963	29,996			19
20	Dues, Fees, Subscriptions & Promotions			2,334	2,334		2,334	326	2,660			20
21	Clerical & General Office Expenses	67,176	5,451	14,836	87,463		87,463	13,675	101,138			21
22	Employee Benefits & Payroll Taxes			194,669	194,669		194,669	18,537	213,206			22
23	Inservice Training & Education			155	155		155	463	618			23
24	Travel and Seminar			4,371	4,371		4,371	1,577	5,948			24
25	Other Admin. Staff Transportation			4,274	4,274		4,274	1,677	5,951			25
26	Insurance-Prop.Liab.Malpractice			63,202	63,202		63,202	817	64,019			26
27	Other (specify):*											27
28	**TOTAL General Administration**	155,700	5,451	402,655	563,806		563,806	(51,746)	512,060			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,284,855	230,484	574,617	2,089,956		2,089,956	(68,414)	2,021,542			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

** See schedule of adjustments attached at end of cost report.

Facility Name & ID Number Arcola Health Care Center #0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7**	8	9	10	
30	Depreciation			45,104	45,104		45,104	18,393	63,497			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			177,897	177,897		177,897	7,723	185,620			32
33	Real Estate Taxes			22,696	22,696		22,696	(2,247)	20,449			33
34	Rent-Facility & Grounds							3,039	3,039			34
35	Rent-Equipment & Vehicles			2,085	2,085		2,085	595	2,680			35
36	Other (specify):*											36
37	**TOTAL Ownership**			247,782	247,782		247,782	27,503	275,285			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		8,609		8,609		8,609		8,609			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			54,750	54,750		54,750		54,750			42
43	Other (specify):* Nonallowable Costs			(30,654)	(30,654)		(30,654)	30,654				43
44	**TOTAL Special Cost Centers**		8,609	24,096	32,705		32,705	30,654	63,359			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,284,855	239,093	846,495	2,370,443		2,370,443	(10,257)	2,360,186			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

****See schedule of adjustments attached at end of cost report.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(3,444)	2		4
5	Telephone, TV & Radio in Resident Rooms	(5,621)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	13,143	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(241)	43		13
14	Non-Care Related Interest	(3,122)	32		14
15	Non-Care Related Owner's Transactions	(2,247)	33		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(100)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	51,933	43		24
25	Fund Raising, Advertising and Promotional	(1,148)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See attached Schedule 5A	(34,955)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ 14,198		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(24,455)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (24,455)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (10,257)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Arcola Health Care Center

ID# 0046045

Report Period Beginning: 01/01/03

Ending: 12/31/03

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	0		49

Arcola Health Care Center
Provider # 0038919
12/31/2003

Schedule 5A

VI. ADJUSTMENT DETAIL
NON-ALLOWABLE EXPENSES
LINE 29 - Other

Description	Amount	Schedule V Reference
Miscellaneous - Part A	(520)	43
Labs - Part A	(764)	43
X - Ray - Part A	(236)	43
Special events	(835)	43
Resident Promotions	(279)	43
Other expense	(332)	43
Deferred maintenance	1,201	6
Vending machine expense	(11,203)	43
Offset vending income	(5,113)	2
Offset miscellaneous income	(3,975)	21
Offset miscellaneous income	(12,899)	2
Total	(34,955)	

See Accountants' Compilation Report

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Arcola Health Care Center **#** 0046045 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	235	0	0	0	0	0	0	0	0	0	235	1
2	Food Purchase	(3,444)	0	0	0	0	0	0	0	0	0	0	(3,444)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	638	0	0	0	0	0	0	0	0	0	638	5
6	Maintenance	0	2,714	0	0	0	0	0	0	0	0	0	2,714	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(3,444)	3,587	0	0	0	0	0	0	0	0	0	143	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(103,781)	0	0	0	0	0	0	0	0	0	(103,781)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	14,963	0	0	0	0	0	0	0	0	0	14,963	19
20	Fees, Subscriptions & Promotions	0	326	0	0	0	0	0	0	0	0	0	326	20
21	Clerical & General Office Expenses	0	17,650	0	0	0	0	0	0	0	0	0	17,650	21
22	Employee Benefits & Payroll Taxes	0	18,537	0	0	0	0	0	0	0	0	0	18,537	22
23	Inservice Training & Education	0	463	0	0	0	0	0	0	0	0	0	463	23
24	Travel and Seminar	0	1,577	0	0	0	0	0	0	0	0	0	1,577	24
25	Other Admin. Staff Transportation	0	1,677	0	0	0	0	0	0	0	0	0	1,677	25
26	Insurance-Prop.Liab.Malpractice	0	817	0	0	0	0	0	0	0	0	0	817	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	0	(47,771)	0	0	0	0	0	0	0	0	0	(47,771)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(3,444)	(44,184)	0	0	0	0	0	0	0	0	0	(47,628)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Arcola Health Care Center # 0046045 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	13,143	5,250	0	0	0	0	0	0	0	0	0	18,393	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(3,122)	0	10,845	0	0	0	0	0	0	0	0	7,723	32
33	Real Estate Taxes	(2,247)	0	0	0	0	0	0	0	0	0	0	(2,247)	33
34	Rent-Facility & Grounds	0	0	3,039	0	0	0	0	0	0	0	0	3,039	34
35	Rent-Equipment & Vehicles	0	0	595	0	0	0	0	0	0	0	0	595	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	7,774	5,250	14,479	0	0	0	0	0	0	0	0	27,503	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	44,823	0	0	0	0	0	0	0	0	0	0	44,823	43
44	**TOTAL Special Cost Centers**	44,823	0	0	0	0	0	0	0	0	0	0	44,823	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	49,153	(38,934)	14,479	0	0	0	0	0	0	0	0	24,698	45

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Mark Petersen	100	See attached Schedule 6A		See attached Schedule 6A		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	1	Dietary	$	Petersen Health Care Companies	0.00%	$ 235	$ 235	1
2	V	5	Utilities		Petersen Health Care Companies	0.00%	638	638	2
3	V	6	Maintenance supplies		Petersen Health Care Companies	0.00%	2,714	2,714	3
4	V	17	Administrative	103,781	Petersen Health Care Companies	0.00%		(103,781)	4
5	V	19	Professional services		Petersen Health Care Companies	0.00%	14,963	14,963	5
6	V	20	Dues, fees & subscriptions		Petersen Health Care Companies	0.00%	326	326	6
7	V	21	Clerical & general office		Petersen Health Care Companies	0.00%	17,650	17,650	7
8	V	22	Employee benefits		Petersen Health Care Companies	0.00%	18,537	18,537	8
9	V	23	Inservice training & education		Petersen Health Care Companies	0.00%	463	463	9
10	V	24	Travel & seminar		Petersen Health Care Companies	0.00%	1,577	1,577	10
11	V	25	Other admin. staff transport		Petersen Health Care Companies	0.00%	1,677	1,677	11
12	V	26	Insurance-property & liab.		Petersen Health Care Companies	0.00%	817	817	12
13	V	30	Depreciation		Petersen Health Care Companies	0.00%	5,250	5,250	13
14	Total			$ 103,781			$ 64,847	$ * (38,934)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	32	Interest	$	Petersen Health Care Companies	0.00%	$ 10,845	$ 10,845	15
16	V	34	Rent-facility & grounds		Petersen Health Care Companies	0.00%	3,039	3,039	16
17	V	35	Rent-equipment & vehicles		Petersen Health Care Companies	0.00%	595	595	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 14,479	$ * 14,479	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Arcola Health Care Center
Provider # 0038919
12/31/2003

Schedule 6A

VII Related Parties - Page 6 - owned 100 % by Mark Petersen

Related Nursing Homes	City	
In-State:		
Arcola Health Care Center	Arcola, IL	
Bement Health Care Center	Bement, IL	
Countryview Terrace	Louisville, IL	
Eastview Terrace	Sullivan, IL	
Havana Health Care Center	Havana, IL	
Kewanee Care Home	Kewanee, IL	
Palm Terrace of Mattoon	Mattoon, IL	
Prairie Rose Health Care Center	Pana, IL	
Robings Manor Nursing Home	Brighton, IL	
Royal Oaks Care Center	Kewanee, IL	
Sullivan Health Care Center	Sullivan, IL	
Sunset Manor Nursing Home	Canton, IL	
Out-of-State:		
Meadow Lawn Nursing Center	Davenport, IA	
Related Assisted Living		
Courtyard Estates	Kewanee, IL	
Other Related Business Entities		
Petersen Health Care Companies	Peoria, IL	Management/Bookkeeping
RLP Senior Villages, Inc.	Peoria, IL	Management/Bookkeeping

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week: Hours	Percent	Compensation Included in Costs for this Reporting Period**: Description	Amount	Schedule V. Line & Column Reference	
1	Mark Petersen	President	Administrative	100.00	314,801	7.5	15.00	Salary	$ 37,699	L17,C1	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 37,699		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Arcola Health Care Center
Provider # 0038919
12/31/2003

Schedule 7A

VII Related Parties
C Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors

Name	Arcola Health Care Center	Bement Health Care Center	Countryview Terrace	Eastview Terrace	Havana Health Care Center	Kewanee Care Center	Meadow Lawn Nursing Center	Palm Terrace of Mattoon	Prairie Rose Health Care Center	Robings Manor Nursing Home	Royal Oaks Care Center	Sullivan Health Care Center	Sunset Manor Nursing Home	TOTAL
Mark Petersen	37,699	23,276	6,197	22,462	32,710	28,962	25,443	34,589	35,181	26,725	28,388	9,151	41,717	352,500

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [x] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Petersen Health Care Companies
Street Address: 7218 North Villa Lake
City / State / Zip Code: Peoria, IL 61614
Phone Number: (309) 691-8113
Fax Number: (309) 691-8622

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Patient days	315,110	13	$ 2,200	$	33,700	$ 235	1
2	5	Utilities	Patient days	315,110	13	5,963		33,700	638	2
3	6	Maintenance supplies	Patient days	315,110	13	25,373		33,700	2,714	3
4	19	Professional services	Patient days	315,110	13	139,914		33,700	14,963	4
5	20	Dues, fees & subscriptions	Patient days	315,110	13	3,044		33,700	326	5
6	21	Clerical & general office	Patient days	315,110	13	165,031		33,700	17,650	6
7	22	Employee benefits	Patient days	315,110	13	173,328		33,700	18,537	7
8	23	Inservice training & education	Patient days	315,110	13	4,328		33,700	463	8
9	24	Travel & seminar	Patient days	315,110	13	14,743		33,700	1,577	9
10	25	Other admin. staff transport	Patient days	315,110	13	15,681		33,700	1,677	10
11	26	Insurance-property & liab.	Patient days	315,110	13	7,635		33,700	817	11
12	30	Depreciation	Patient days	315,110	13	49,093		33,700	5,250	12
13	32	Interest	Patient days	315,110	13	101,410		33,700	10,845	13
14	34	Rent-facility & grounds	Patient days	315,110	13	28,419		33,700	3,039	14
15	35	Rent-equipment & vehicles	Patient days	315,110	13	5,568		33,700	595	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 741,730	$		$ 79,326	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	LaSalle Bank		X	Mortgage	3,244 plus int.	08/31/02	$ 2,995,391	$ 2,943,015	08/31/07	Varies	$ 165,288	1
2												2
3												3
4												4
5												5
	Working Capital											
6	LaSalle Bank		X	Line of Credit	Varies	08/31/02	259,880		08/31/03	0.0975	9,487	6
7												7
8												8
9	TOTAL Facility Related						$ 3,255,271	$ 2,943,015			$ 174,775	9
	B. Non-Facility Related*											
10	First National Bank of Arcola		X	Mortgage on House	$485.00	05/15/96	62,800	54,556	05/15/11	0.0800	3,122	10
11												11
12							Disallow nonallowable interest expense				(3,122)	12
13							Allocated from Home Office				10,845	13
14	TOTAL Non-Facility Related				$485.00		$ 62,800	$ 54,556			$ 10,845	14
15	TOTALS (line 9+line14)						$ 3,318,071	$ 2,997,571			$ 185,620	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2002 report.		$ 22,338	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2002	$ 22,534	2
3. Under or (over) accrual (line 2 minus line 1).		$ 196	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 22,500	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		$	6
	Non-Care Real Estate Taxes	(2,247)	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 20,449	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1998	20,465	8
	1999	20,770	9
	2000	20,933	10
	2001	22,337	11
	2002	22,534	12

2002 tax:	22,337
Tncrease (.1%)	1.001
2003 tax:	22,359
Use:	22,500

Note: Real estate tax expense includes $2,247 on non-care assets.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, [illegible]

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Arcola Health Care Center COUNTY Douglas

FACILITY IDPH LICENSE NUMBER 0046045

CONTACT PERSON REGARDING THIS REPORT Mark Petersen

TELEPHONE (309) 691-8113 FAX #: (309) 691-8622

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200

	(A) Tax Index Numbe	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	01-14-09-200-00580	Nursing Home	$ 19,802.44	$ 19,802.44
2.	01-14-09-224-003	Nursing Home	$ 2,474.34	$ 2,474.34
3.	01-14-09-200-005	Nursing Home	$ 256.58	$ 256.58
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 22,533.36	$ 22,533.36

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? ____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill whic is normally paid during 2003.

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 22,000 B. General Construction Type: Exterior Brick Frame Wood Number of Stories One

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO
If so, please complete the following:

1. Total Amount Incurred: N/A
2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A
4. Dates Incurred: N/A

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	Not	1993	$ 44,078	1
2		Available			2
3	TOTALS			$ 44,078	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	100		1995	1975	$ 859,153	$ 23,159	35	$ 24,547	$ 1,388	$ 208,649	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building Improvement			1993	13,499		20	675	675	7,087	9
10	Building Improvement			1994	31,000		20	1,550	1,550	14,675	10
11	Building Improvement			1995	10,602	146	20	530	384	4,750	11
12	Landscaping			1997	5,593	337	20	280	(57)	1,820	12
13	Parking Lot			1997	6,500	167	20	325	158	2,113	13
14	Carpeting			1997	934	24	20	47	23	305	14
15	Door Closer			1997	1,225	31	20	61	30	397	15
16	Driveway Grading			1998	784	48	15	52	4	286	16
17	Guttering			1998	1,273	33	15	85	52	467	17
18	Wiring			1998	6,426	165	20	321	156	1,766	18
19	Windows			1998	2,330	60	15	155	95	853	19
20	Siding			1998	12,606	323	20	630	307	3,465	20
21	Doors			1998	765	20	15	51	31	281	21
22	Sink			1998	901	23	20	45	22	450	22
23	Garage			1998	8,286	212	15	552	340	3,036	23
24	Wood Flooring			1999	1,174	30	20	59	29	265	24
25	Asphalt Lot			1999	4,680	120	20	234	114	1,053	25
26	Tile			1999	6,476	166	20	324	158	1,458	26
27	Vinyl Siding			1999	5,600	144	25	224	80	1,008	27
28	Door Alarms			2000	1,593	184	20	80	(104)	280	28
29	Water Heater			2000	5,075	2,855	20	254	(2,601)	889	29
30	Sidewalk			2000	876	22	20	44	22	154	30
31	Carpeting			2000	670	17	20	34	17	119	31
32	Scarf Swags/Valances			2001	6,043	155	20	302	147	604	32
33	Scarf Holders			2001	1,083	28	20	54	26	108	33
34	Fence			2001	2,000	52	20	100	48	200	34
35	Replacement Wall			2001	686	18	20	34	16	68	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Security System	2002	$ 5,959	$ 153	20	$ 298	$ 145	$ 447	37
38	Sprinkler System	2002	4,946	127	20	248	121	372	38
39	Sign	2002	1,248	83	20	63	(20)	481	39
40	Medicare Wing Expansion	2003	100,808	2,585	20	2,520	(65)	2,520	40
41	Architect Fees	2003	1,343	30	20	34	4	34	41
42	Patio	2003	5,858	31	20	146	115	146	42
43	Medicare Wing Expansion	2003	2,500	64	20	64		64	43
44	Medicare Wing Expansion	2003	750	19	20	19		19	44
45	Medicare Wing Expansion	2003	1,500	38	20	38		38	45
46	Medicare Wing Expansion	2003	500	13	20	13		13	46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,123,245	$ 31,682		$ 35,092	$ 3,410	$ 260,740	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 200,963	$ 9,032	$ 20,098	$ 11,066	10 years	$ 138,720	71
72	Current Year Purchases	5,131	2,615	256	(2,359)	10 years	256	72
73	Fully Depreciated Assets							73
74	Allocated from Home Office			5,250	5,250			74
75	TOTALS	$ 206,094	$ 11,647	$ 25,604	$ 13,957		$ 138,976	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	1994 Dodge Van	1998	$ 28,010	$ 1,775	$ 2,801	$ 1,026	5	$ 28,010	76
77										77
78										78
79										79
80	TOTALS			$ 28,010	$ 1,775	$ 2,801	$ 1,026		$ 28,010	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 1,401,427	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 45,104	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 63,497	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 18,393	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 427,726	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Land & House	$ 78,850	$ 2,504	$ 19,089	86
87	Vending Machine	3,856		3,856	87
88					88
89					89
90					90
91	TOTALS	$ 82,706	$ 2,504	$ 22,945	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6	Allocated from Home Office				3,039			6
7	TOTAL				$ 3,039 **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A . N/A

9. Option to Buy: ☐ YES ☐ NO Terms: N/A *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	$
13.	/2005	$
14.	/2006	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO

16. Rental Amount for movable equipment: $ 2,680 Description: Oxygen Tanks $399; Copier $1,686; Management Allocation $595
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18			N/A		18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

It is the policy of this facility to only hire certified nurses aides.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	L10a, C3	hrs	$	1,072	$ 16,080	$	1,072	$ 16,080	1
2	Licensed Speech and Language Development Therapist	L10a, C3	hrs		82	1,226		82	1,226	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10a, C3	hrs		1,585	23,191		1,585	23,191	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescrpts				8,609		8,609	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$	2,739	$ 40,497	$ 8,609	2,739	$ 49,106	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/03 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance None)	512,801	512,801	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,367	9,367	6
7	Other Prepaid Expenses	2,856	2,856	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 525,024	$ 525,024	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		44,078	13
14	Buildings, at Historical Cost	1,196,047	1,123,245	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	250,784	234,104	16
17	Accumulated Depreciation (book methods)	(455,538)	(427,726)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See attached Schedule 17A	2,597,126	2,656,886	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,588,419	$ 3,630,587	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,113,443	$ 4,155,611	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 531,549	$ 531,549	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	57,790	57,790	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	22,500	22,500	32
33	Accrued Interest Payable	193	193	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	123,818	123,818	35
	Other Current Liabilities(specify):			
36	See attached Schedule 17A	20,008	20,008	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 755,858	$ 755,858	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,943,015	2,943,015	39
40	Mortgage Payable	54,556	54,556	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 2,997,571	$ 2,997,571	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,753,429	$ 3,753,429	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 360,014	$ 402,182	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,113,443	$ 4,155,611	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

FACILITY NAME: Arcola Health Care Center
PROVIDER # 0038919
12/31/2003

Schedule 17A

XV. BALANCE SHEET - Unrestricted Operating Fund.

B. Long-Term Assets

Other (specify):	Operating	After Consolidation
Non-Care Assets		59,760
Due From Related Party	2,597,126	2,597,126
Total Line 23 - Other (specify):	**2,597,126**	**2,656,886**

C. Current Liabilities

Other Current Liabilities (specify):	Operating	After Consolidation
Accrued State Replacement Tax	(1,135)	(1,135)
Accrued Sales Tax	76	76
Accrued Insurance	5,018	5,018
Other Accrued Expenses	16,049	16,049
Total Line 36 - Other Current Liabilities(specify):	**20,008**	**20,008**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 236,647	1	
2	Restatements (describe):		2	
3			3	
4	Prior period adjustment	(944,759)	4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (708,112)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	165,295	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	( )	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe) Contributed Capital	902,831	15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 1,068,126	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 360,014	24	*

Operating Entity Only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,399,742	1
2	Discounts and Allowances for all Levels	35,075	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,434,817	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	47,503	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 47,503	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	3,444	14
15	Telephone, Television and Radio	5,585	15
16	Rental of Facility Space		16
17	Sale of Drugs	9,045	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	2,154	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 20,228	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Vending income**	16,316	28
28a	**Miscellaneous income**	16,874	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 33,190	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 2,535,738	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	573,359	31
32	Health Care	952,791	32
33	General Administration	563,806	33
	B. Capital Expense		
34	Ownership	247,782	34
	C. Ancillary Expense		
35	Special Cost Centers	(22,045)	35
36	Provider Participation Fee	54,750	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 2,370,443	40
41	**Income before Income Taxes (line 30 minus line 40)****	165,295	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 165,295	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation. Entity is a cash basis taxpayer**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

******Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,080	2,080	$ 38,467	$ 18.49	1
2	Assistant Director of Nursing	1,993	1,993	33,670	16.89	2
3	Registered Nurses	6,655	6,771	123,163	18.19	3
4	Licensed Practical Nurses	9,418	9,939	149,413	15.03	4
5	Nurse Aides & Orderlies	44,644	46,324	419,846	9.06	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,436	1,478	11,461	7.75	9
10	Activity Assistants	1,821	1,940	16,157	8.33	10
11	Social Service Workers	4,019	4,225	60,228	14.26	11
12	Dietician					12
13	Food Service Supervisor	2,132	2,279	28,533	12.52	13
14	Head Cook					14
15	Cook Helpers/Assistants	13,752	14,211	100,685	7.09	15
16	Dishwashers					16
17	Maintenance Workers	2,302	2,302	29,429	12.78	17
18	Housekeepers	10,621	10,903	73,195	6.71	18
19	Laundry	6,645	7,219	44,908	6.22	19
20	Administrator	2,080	2,080	50,825	24.44	20
21	Assistant Administrator					21
22	Other Administrative	222	222	37,699	169.82	22
23	Office Manager	1,451	1,451	14,620	10.08	23
24	Clerical	3,993	4,081	52,556	12.88	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	115,264	119,498	$ 1,284,855 *	$ 10.75	34

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	18,550	L9, C3	36
37	Medical Records Consultant	9	138	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,000	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47	Psychologist	4	1,300	L10, C3	47
48	Rehabilitation Consultant	Monthly	585	L10, C3	48
49	TOTAL (lines 35 - 48)	13	$ 21,573		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses	N/A			51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Karla Schneider	Administrator	0.00%	$ 50,825
Allocated From Home Office			
Mark Petersen	Administrative	*	37,699
* See Attached Schedule 6A			
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 88,524

B. Administrative - Other

Description	Amount
Management Fees (eliminated in column 7)	$ 103,781
TOTAL (agree to Schedule V, line 17, col. 3)	$ 103,781
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
ADP	Payroll Services	$ 4,572
AOL	Computer Services	300
Rudy Hadsell	Computer Services	1,665
LTC Solutions	Computer Services	1,320
Kingery, Durree,		
Wakeman & Ryan	Legal	263
Bush, Snyder & Associates	Legal	1,658
American Express Tax		
& Business Services, Inc.	Accounting	750
Altschuler, Melvoin &		
Glasser, LLP	Accounting	4,505
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 15,033

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 42,757
Unemployment Compensation Insurance	12,354
FICA Taxes	88,152
Employee Health Insurance	46,547
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401(k) Matching	707
Employee Relations	4,152
Allocated from Home Office	18,537
TOTAL (agree to Schedule V, line 22, col.8)	$ 213,206

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	1,508
Health Care Worker Background Check	
(Indicate # of checks performed 50)	598
Various Licenses & Dues	228
Allocated from Home Office	326
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 2,660

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	3,877
Seminar Expense	494
Allocated from Home Office	1,577
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 5,948

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Arcola Health Care Center
Provider #: 0046045
01/01/03 to 12/31/03

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)	15,033
Allocated from Management Company	
Legal	2,056
Accounting	12,907
Total (agree to Schedule V, line 19, column 8)	29,996

See Accountants' Compilation Report

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	Deferred Maintenance	2000	$ 7,211	3 Yrs.	$ 1,202	$ 2,404	$ 2,404	$ 1,201	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 7,211		$ 1,202	$ 2,404	$ 2,404	$ 1,201	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0046045 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **No**
If YES, give association name and amount. **N/A**

(3) Did the nursing home make political contributions or payments to a politica action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Yrs.**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **1,468** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? ____ YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES ____ NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **54,750**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **N/A**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **3,444**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **None**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ N/A

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Ginoli & Co.** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **No** If no, please explain. **Audit currently in progress.**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

RECONCILIATION REPOR Arcola Health Care Cent 10:36 AM 11/04/05

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	Explanation	COMPARE CELL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-10,257	equal to	-10,257	0	O.K.		Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	185,620	equal to	185,620	0	O.K.		Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	20,449	equal to	20,449	0	O.K.		Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-openi	N/A	equal to	0	#VALUE!	#VALUE!		Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciati	63,497	equal to	63,497	0	FAILED		Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	3,039	equal to	3,039	0	O.K.		Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	2,680	equal to	2,680	0	O.K.		Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.		Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages		equal to		0	O.K.		Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	40,497	equal to	40,497	0	O.K.		Pg16 Z12+Z14..Z16 & Pg 20 X17..:	N/A;B	1-4;40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	8,609	equal to	#VALUE!	#VALUE!	#VALUE!		Pg16 V32	N/A	14	6	Pg4 F22 + Pg	N/A	39,10a	2
Income Stat. General Serv.	573,359	equal to	573,359	0	O.K.		Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	952,791	equal to	952,791	0	O.K.		Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstatio	563,806	equal to	563,806	0	O.K.		Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	247,782	equal to	247,782	0	O.K.		Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost C	-22,045	equal to	-22,045	0	O.K.		Pg19 P17	N/A	35	2	Pg4 H21..H2·	N/A	38to41+43	4
Income Stat. Prov. Partic.	54,750	equal to	54,750	0	O.K.		Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	764,559	equal to	764,559	0	O.K.		Pg20 K11..K15+K35+K36+K38..K4·	A.	5,24,25,27-3	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to		0	O.K.		Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to		0	O.K.		Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	27,618	equal to	27,618	0	O.K.		Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Worker:	60,228	equal to	60,228	0	O.K.		Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	129,218	equal to	129,218	0	O.K.		Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	29,429	equal to	29,429	0	O.K.		Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	73,195	equal to	73,195	0	O.K.		Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	44,908	equal to	44,908	0	O.K.		Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	88,524	equal to	88,524	0	O.K.		Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	67,176	equal to	67,176	0	O.K.		Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to		0	O.K.		Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	1,284,855	equal to	1,284,855	0	O.K.		Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	0	< or = to		0	O.K.		Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	18,550	< or = to	18,550	0	O.K.		Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	2,438	< or = to	8,650	-6,212	O.K.		Pg20 X14..X16+X37..X39	B. & C.	o39 and 50t·	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to		0	O.K.		Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	0	< or = to		0	O.K.		Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	88,524	equal to	88,524	0	O.K.		Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	103,781	equal to	103,781	0	O.K.		Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	15,033	equal to	15,033	-1	FAILED	ok, they tie??	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxe	213,206	equal to	213,206	0	O.K.		Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of due	2,660	equal to	2,660	0	O.K.		Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of tra	5,948	equal to	5,948	0	O.K.		Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	54,750	equal to	54,750	0	O.K.		Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	< or = to	18,537	-18,537	O.K.		Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	0	equal to	0	0	O.K.		Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to		0	O.K.		Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	497	equal to	497	0	O.K.		Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org	-24,455	equal to	-24,455	0	O.K.		Pg5 Z18	B.	34	1	Pg6 to Pg 6I	B.	14	8
Total loan balance	2,997,571	equal to	2,997,571	0	O.K.		Pg9 L34	A.	15	7	Pg17 V13+V2	N/A	29+39-41	2
Real estate tax accrual	22,500	equal to	22,500	0	O.K.		Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	44,078	equal to	44,078	0	O.K.		Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	1,123,245	equal to	1,123,245	0	O.K.		Pg12 to 12I L43	B.	36	4	Pg17 K26+K2	N/A	14 & 15	2
Equipment and vehicle cost	234,104	equal to	234,104	0	O.K.		Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	427,726	equal to	427,726	0	FAILED		Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	360,014	equal to	360,014	0	O.K.		Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	165,295	equal to	165,295	0	O.K.		Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred main	0	equal to		0	O.K.		Pg22 F31-J31..S31	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	4,113,443	equal to	4,113,443	0	O.K.		Pg17:H41		25	1	Pg17 S41	N/A	48	1

Enter Cost Center Expenses	**YOU HAVE CHOSEN THE SUPPORT CALC. THAT IS LINK**					
	TO THE COST REPORT!!		11/04/05	10:36:14 AM		
HSA Number	?	Name	Arcola Health Care Center			
Cost report period	From:	01/01/03	To:	12/31/03	Base Number	336
If this is an ICF/DD 16 facility, enter a 1 in cell C		N				
Licensed bed days:	36,500	Occupancy:	33,700	Pct. of occupancy:	92.33%	
Illinois Public Aid Support Rate		$				
Genl Services Salary/Wage:	276,750	Col 1, Line 8 ---Audit Adj:				
Genl Admin Salary/Wage	155,700	Col 1, Line 28 ---Audit Adj:				
Total Salary Wage	1,284,855	Col 1, Line 44 ---Audit Adj:				
Employee Benefits	213,206	Col 8, Line 22 ---Audit Adj:				
Total General Services:	556,691	Col 8, Line 8 ---Audit Adj:				
Total General Admin	512,060	Col 8, Line 28 ---Audit Adj:				

Instructions and Calculation Steps

STEP Adjust Support Service Costs to Include Correct Amounts of Fringe Benefits and Payroll Taxes

Fringe benefits and payroll taxes are reported as a lump sum under General Administration expenses on your cost report (Page 3, Column 10, Line 22). You will need to take this amou out of General Administration expenses and calculate the correct portions of this lump sum to be added to your general services and General Administration expenses. This is done by proration

A. General Services

1 Determine the proportion of general services wages to total wages.

2 Multiply the total lump sum fringe amour by this proportion to get the fringe amoun for General Services.

3 Add the proportioned fringe amount to you total general services expenses to get your new total general services cost.

General Services Wages (Column 1, Line 8	$276,750
Divided by Total Wages (Column 1, Line 44	$1,284,855
General service wages as percent of total wages	21.5394%
Employee Benefits (Column 10, Line 22	$213,206
Allocation of Employee Benefits to General Services Costs	$45,923
Plus Total General Services (Column 10, Line 8	$556,691
New Total General Services Cost	$602,614

B. General Administration

1 Determine the proportion of General Administratio wages to total wages.

2 Multiply the total lump sum fringe amount by th proportion to get the fringes amount for General Administration

3 Add the proportioned fringe amount to your tota General Administration expenses

4 Subtract the total lump sum fringe amount from you General Administration expenses to get your new total General Administration Cost

General Administration Wages (Column 1, Line 28	$155,700
Divided by Total Wages (Column 1, Line 45	$1,284,855
General administration wages as a percent of total wages	12.1181%
Employee Benefits (Column 10, Line 22	$213,206
Allocation of Emplayee Benefits to General Admin. Cost	$25,837
Plus Total General Administration (Column 10, Line 2	$512,060
Minus Total Fringe (Column 10, Line 2:	$213,206
New Total General Administration Cos	$324,691

STEP Adjust Support Service Costs for Inflation

To calculate the impact of inflation, different inflatior fators are used for the General Service and General Administration costs of your cost report. These inflation factors are listed in Table I, Inflation Multipliers. To selec the appropriate inflation factors, you need to calculate your base number using the formula outlined below. Once you have calculated your base number, find it in Table I. Select th inflation factors which correspond with your base number and use these in updating your support cost.

A. Base Number Calculation

Convert the beginning and ending dates of your cost reporting period (page 1, Schedule II of your cost report) into numbers and apply the following formula:

Beginning Month + Ending Month	13 divided by 2 =	6.5
Beginning Day + Ending Day	32 divided by 60.8 =	0.526315789
Beginning Year + Ending Year =	206 multiplied by 6 =	1236
Sum of the three lines		1243.026316
Subtract from the sum		907.00
Base Number (expressed as a whole number, fraction dropped)		336

B. Select the Appropriate Inflation Multipliers

Refer to Table I, inflation Multipliers, and find th multipliers which correspond with the base number you have calculated.

General Services Multiplier	1
General Administration Multiplie	1

C. Apply Inflation Multipliers to Update Cos

1 Multiply New Total General Services Cost (fron Step I-A) by the appropriate multiplier from Table

New Total General Service Cost (Step I-A)	$602,614	
General Services Multiplier (Step II-B	1	
Updated General Services Cost		$602,614

2 Multiply New Total General Administration Cos (from Step I-B)by the appropriate multiplier from Table

New Total General Service Cost (Step I-B	$324,691	
General Administration Multiplier (Step II-E	1	
Updated General Services Cost		$324,691
3 Total Updated Support Costs (1 + 2		$927,305

STEP I Convert Total Updated Support Costs (C-3) to Per Diem Cos

Use one of the two procedures below to compute per diem costs.

CALCULATED PER DIEM SUPPORT CO	$27.45

A. If the occupancy (Cost Report, Page 2, Schedule III-C) i equal to or above 93 percent, divide your total updated support costs (Step II, C, 3, above) by the total patien days (Cost Report, Page 2, Schedule III-B, Column 5, Line 14

Total Support Costs (Step II, C, 3, above	$927,305
Total Patient Days (Cost Report	33,700
Support Costs per Dien	$27.52

OR

B. If the occupancy is below 93 percent, calculate 93 percent of the licensed bed days (Cost Report, Page 2, Schedule III-A Column 4, Line 7). Then subtract the total patier days (Cost Report, Page 2, Schedule III-B, Column 5 Line 14) from the result and calculate one-third of the difference. Then add the one-third difference to the total patient days to obtain your adjusted occupancy. Next divide your total updated Support Costs (Step II, C, 3 above by your adjusted occupancy.

Licensed Bed Days	36,500
Multiplied by	0.93
	33,945
Minus total Patient Day	33,700
	245
One-third of difference	82
Plus Total Patient Day	33,700
Adjusted Occupancy	33,782
Total Support Costs (Step II, C, 3, above	$927,305
Divided by Adjusted Occupany	33782
Support Costs Per Dien	$27.45

STEP IV Calculate Support Rate

The maximum allowable support reimbursement rate is the 75t percentile for your region. The 35th and 75th percentile rates by HSA are listed in Table II, support Rate Percentiles by HSA Use one of the three procedures below and refer to Table II to calculate your support rate.

A. If your support costs per diem from STEP II is equal to c greater than the 75th percentile for your HSA, then your support rate is the 75th percentile rate listed in Table I

B. If your support costs per diem from Step III is equal to o greater than the 35th percentile, but less than the 75th percentile for your HSA, then your support rate is your support costs per diem plus 50 percent of the difference between your support costs per diem and the 75th percentile rate listed in Table II. Use the following procedure to calculate your rate

75 Percentile Rate for your HSA	#N/A
Minus Support Costs Per Dier	$27.45
Difference	#N/A
Multiply the Difference by	0.5
One-Half of the Difference	#N/A
Plus Support Costs Per Dier	$27.45
Support Rate if costs are between 35th and 75th percentile	#N/A

C. If your support cost per diem from Step III is below the 35th percentile for your HSA, then your support rate is your support costs per diem plus 50 percent of the difference between your support costs per diem and the 75th percentile rate up to a ceiling. This ceiling is equal to 50 percent of the difference between the 35th and 75th percentiles plus $.05. The ceiling for each HSA is listed in Table II. Use the following procedure to calculate your rate

75 Percentile Rate for your HSA	#N/A
Minus Support Costs Per Dier	$27.45
Difference	#N/A
Multiply the Difference by	0.5
One-Half of the Difference	#N/A
Compare one-half the difference to the profit ceiling for your HSA in Table II anc	#N/A
Enter the Lower of the Two Amounts	#N/A
Plus Support Costs Per Dier	$27.45
Support Rate if support costs less than 35th percentile	#N/A

D. YOUR FINAL TOTAL SUPPORT RATE from A, B, or C abc	**#N/A**
75th Percentile is	#N/A
35th Percentile is	#N/A

Table
Inflation Multipliers

Base Number	General Services Multiplie	General Administration Multiplie
261	1.1187	1.1531
262	1.1182	1.1530
263	1.1178	1.1528
264	1.1071	1.1376
265	1.1067	1.1375
266	1.1062	1.1373
267	1.0975	1.1249
268	1.0971	1.1248
269	1.0966	1.1246
270	1.0887	1.1134
271	1.0882	1.1132
272	1.0877	1.1130
273	1.0815	1.1043
274	1.0811	1.1042
275	1.0806	1.1040
276	1.0730	1.0932
277	1.0725	1.0931
278	1.0720	1.0929
279	1.0666	1.0853
280	1.0661	1.0851
281	1.0657	1.0850
282	1.0588	1.0753
283	1.0583	1.0751
284	1.0579	1.0750
285	1.0535	1.0690
286	1.0531	1.0689
287	1.0527	1.0687
288	1.0413	1.0524
289	1.0409	1.0522
290	1.0404	1.0521
291	1.0321	1.0403
292	1.0317	1.0402
293	1.0313	1.0400
294	1.0254	1.0318
295	1.0250	1.0317
296	1.0246	1.0315
297	1.0228	1.0294
298	1.0224	1.0293
299	1.0219	1.0291
300	1.0166	1.0218
301	1.0162	1.0216
302	1.0158	1.0215
303	1.0076	1.0098
304	1.0072	1.0097
305	1.0067	1.0095
306	1.0000	1.0000

Table I
SupportRate percentiles by HSA

HSA	75th Percentile	35th Percentile	Below 35th Profit Ceiling
1	40.08	32.10	4.040
2	37.33	31.77	2.830
3	34.36	29.73	2.365
4	37.33	31.77	2.830
5	32.69	27.53	2.630
6	43.80	31.76	6.070
7	43.80	31.76	6.070
8	43.80	31.76	6.070
9	39.02	30.77	4.175
10	40.08	32.10	4.040
11	35.80	29.99	2.955

Table II (For ICF/DD 16 Facilities)
SupportRate percentiles by HSA

HSA	75th Percentile	35th Percentile	Below 35th Profit Ceiling
1	34.86	27.19	3.885
2	33.30	25.97	3.715
3	32.74	25.54	3.650
4	33.30	25.97	3.715
5	30.46	23.75	3.405
6	40.44	31.54	4.500
7	40.44	31.54	4.500
8	40.44	31.54	4.500
9	37.60	29.32	4.190
10	34.86	27.19	3.885
11	32.73	25.52	3.655

Capital Rate Data
Change print Orientation!

YOU HAVE CHOSEN THE CAPITAL CALC. THAT IS LINKED TO THE COST REPORT!!!! 11/04/05 10:36:14 AM
COSTS INCLUDED ON PAGES 12 THRU 12D START AT CELL O6

Facility Name: **Arcola Health Care Center** ID: **0046045**

HSA No.: ? Own or Rent? (O or R): ______ Own or Rent Beginning: ______

IF RENTED, have facilities been continously rented from an unrelated party since prior to January 1, 1978 (Y or N): or since the first day of operation for buildings constructed since January 1, 1978? N

Cost Report Pd:		Licensed Beds:	100	Total Patient Days	33,700
Begin	**01/01/03**	Licensed Bed Days:	36,500	% Occupied	92.33%
End	**12/31/03**			Capital Days	33,945

1989 Property Tax COST: ______ (Actual dollar amount 1989 taxes)

1991 Property Tax RATE: ______ (Inflated dollar amount divided by 1991 capital days)

FY 1991 Capital Rate: ______ (From form 787)

CAPITAL CALCULATIONS

	Calculation Column
A. Determine the base year for your building from Work Table A	1980
B. Determine the Building Specific historical cost per bed:	
1. Work Table A, Line 24, Column (B)	1123245
2. Total licensed beds from cost report Page 2, Line 7, column 3	100
3. Line 1 divided by Line 2	$11,232
4. Regional construction inflator from Table 2	#N/A
5. Building specific historical Cost ber bed (Line 3 * Line 4, round to even $)	#N/A
C. Obtain the Uniform Building Value from Table 1	#VALUE!
D. The capital rate will be calculated through a blending of the uniform building value from Line C and the building specific historical cost per bed from Line B5	
1. Building specific historical cost from Line B5	#N/A
2. Uniform building value from Line C	#VALUE!
3. Add Lines 1 and 2	#VALUE!
4. Divide by 2 to obtain average	#VALUE!
5. Enter 120% of line C	#VALUE!
6. The blended value is the lesser of Line 4 or Line 5	#VALUE!
E. Divide the blended value from step D by 339 days to obtain a per diem blended value investment	#VALUE!
F. Multiply the per diem blended value from step E by the applicable rate of return to obtain the building rate factor. (The rate of return is 11% for 1979 and later base years and 9.13% for 1978 and older base years.)	#VALUE!
G. Add $2.50 to Line F for equipment, rent, vehicle and working capital.	2.5
H. Add Lines F & G to obtain the preliminary capital rate	#VALUE!
I. Implementation Capital Rate. (This step does not apply if the facility has been constructed or purchased after FY91.)	
1. Enter the FY 91 capital rate	0
2. Subtract the FY 91 property tax rate	0
3. FY 91 rate without tax	0
4. Multiply Line I3 by 115%	x 1.15%
5. Implementation capital rate	0

J. Property Tax
Property taxes are taken from the Long Term Care Property Tax Statement which was submitted to the Department of Public Aid during FY93. Reimbursement for real estate taxes is based upon the actual 1991 taxes for which the nursing homes were assessed. The formula used is a follows:

1. Property Tax Expense (Long Term Care Property Tax Statement, Column D, Total.)	0
2. Divided by: Capital Days (see below)	33,945
3. Equals: Per Diem Cost	$0.00
4. Times: Property Tax Inflator (Table 3)	#N/A
5. Equals: Updated Property Tax Cost	#N/A

Capital Days
The capital days are the higher of the actual census (Page 2, Schedule III-B, Column 5, Line 14) or 93% of licensed bed days (page 2, Schedule III-A, Column 4, Line 7 * .93.)

1. Total Patient Days	33,700
2. Total Licensed Bed Days * .93	33945
3. Capital Days (higher of Line 1 or Line 2)	33,945

K. Total Capital Rate for FY 94

1. Enter the greater of the simplified system rate from Line H or the implementation capital rate from Line I	#VALUE!
2. Add Property Tax from Line J5	#N/A
3. Total capital rate (add Lines 1 & 2)	#VALUE!

WORK TABLE A

		Year Acquired (A) Last 2 digits only	Cost (B)	Columns (A) * (B) (C)	Linked Page	Linked Page
1	1	75	859153	64436475	12	12
2	2	0	0	0	12	12
3	3	0	0	0	12	12
4	4	0	0	0	12	12
5	5	0	0	0	12	12
6	6	93	13499	1255407	12	12
7	7	94	31000	2914000	12	12
8	8	95	10602	1007190	12	12
9	9	97	5593	542521	12	12
10	10	97	6500	630500	12	12
11	11	97	934	90598	12	12
12	12	97	1225	118825	12	12
13	13	98	784	76832	12	12
14	14	98	1273	124754	12	12
15	15	98	6426	629748	12	12
16	16	98	2330	228340	12	12
17	17	98	12606	1235388	12	12
18	18	98	765	74970	12	12
19	19	98	901	88298	12	12
20	20	98	8286	812028	12	12
21	21	99	1174	116226	12	12
22	22	99	4680	463320	12	12
23	23	99	6476	641124	12	12
24	24	99	5600	554400	12	12
25	25	100	1593	159300	12	12
26	26	100	5075	507500	12	12
27	27	100	876	87600	12	12
28	28	100	670	67000	12	12
29	29	101	6043	610343	12	12
30	30	101	1083	109383	12	12
31	31	101	2000	202000	12	12
32	32	101	686	69286	12	12
33	33	0	0	0	12	12
34	34	102	5959	607818	12A	12A
35	35	102	4946	504492	12A	12A
36	36	102	1248	127296	12A	12A
37	37	103	100808	10383224	12A	12A
38	38	103	1343	138329	12A	12A
39	39	103	5858	603374	12A	12A
40	40	103	2500	257500	12A	12A
41	41	103	750	77250	12A	12A
42	42	103	1500	154500	12A	12A
43	43	103	500	51500	12A	12A
44	44	0	0	0	12A	12A
45	45	0	0	0	12A	12A
46	46	0	0	0	12A	12A
47	47	0	0	0	12A	12A
48	48	0	0	0	12A	12A
49	49	0	0	0	12A	12A
50	50	0	0	0	12A	12A
51	51	0	0	0	12A	12A
52	52	0	0	0	12A	12A
53	53	0	0	0	12A	12A
54	54	0	0	0	12A	12A
55	55	0	0	0	12A	12A
56	56	0	0	0	12A	12A
57	57	0	0	0	12A	12A
58	58	0	0	0	12A	12A
59	59	0	0	0	12A	12A
60	60	0	0	0	12A	12A
61	61	0	0	0	12A	12A
62	62	0	0	0	12A	12A
63	63	0	0	0	12A	12A
64	64	0	0	0	12A	12A
65	65	0	0	0	12A	12A
66	66	0	0	0	12A	12A
67	67	0	0	0	12B	12B
68	68	0	0	0	12B	12B
69	69	0	0	0	12B	12B
70	70	0	0	0	12B	12B
71	71	0	0	0	12B	12B
72	72	0	0	0	12B	12B
73	73	0	0	0	12B	12B
74	74	0	0	0	12B	12B
75	75	0	0	0	12B	12B
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77	77	0	0	0	12B	12B
78	78	0	0	0	12B	12B
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81	81	0	0	0	12B	12B
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83	83	0	0	0	12B	12B
84	84	0	0	0	12B	12B
85	85	0	0	0	12B	12B
86	86	0	0	0	12B	12B
87	87	0	0	0	12B	12B
88	88	0	0	0	12B	12B
89	89	0	0	0	12B	12B
90	90	0	0	0	12B	12B
91	91	0	0	0	12B	12B
92	92	0	0	0	12B	12B
93	93	0	0	0	12B	12B
94	94	0	0	0	12B	12B
95	95	0	0	0	12B	12B
96	96	0	0	0	12B	12B

	Year Acquired (A) Last 2 digits only	Cost (B)	Columns (A) * (B) (C)	Linked Page
97	0	0	0	12B
98	0	0	0	12B
99	0	0	0	12C
100	0	0	0	12C
101	0	0	0	12C
102	0	0	0	12C
103	0	0	0	12C
104	0	0	0	12C
105	0	0	0	12C
106	0	0	0	12C
107	0	0	0	12C
108	0	0	0	12C
109	0	0	0	12C
110	0	0	0	12C
111	0	0	0	12C
112	0	0	0	12C
113	0	0	0	12C
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115	0	0	0	12C
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121	0	0	0	12C
122	0	0	0	12C
123	0	0	0	12C
124	0	0	0	12C
125	0	0	0	12C
126	0	0	0	12C
127	0	0	0	12C
128	0	0	0	12C
129	0	0	0	12C
130	0	0	0	12C
131	0	0	0	12D
132	0	0	0	12D
133	0	0	0	12D
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147	0	0	0	12D
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149	0	0	0	12D
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151	0	0	0	12D
152	0	0	0	12D
153	0	0	0	12D
154	0	0	0	12D
155	0	0	0	12D
156	0	0	0	12D
157	0	0	0	12D
158	0	0	0	12D
159	0	0	0	12D
160	0	0	0	12D
161	0	0	0	12D
162	0	0	0	12D

Base year:
Total of Column C/Total of Column B = Base Year

90758639 1123245 80.80039439

Base Year = 1980

TABLE 1 error

Table 1 Uniform building Value

Uniform Building Value

Base year	6, 7, 8 & 9	1, 2, 3, 4, 5, 10 & 11
1970	4114	3766
1971	5348	4896
1972	6583	6026
1973	7817	7155
1974	9051	8285
1975	10285	9415
1976	11519	10545
1977	12754	11675
1978	13988	12804
1979	15222	13934
1980	16456	15064
1981	17691	16194
1982	18925	17324
1983	20159	18453
1984	21393	19583
1985	22628	20713
1986	23862	21843
1987	25096	22973
1988	26330	24102
1989	27564	25232
1990	28799	26362
1991	30033	27492
1992	31267	28622
1993	32501	29751
1994	33736	30881
1995	34970	32011
1996	36204	33141
1997	37438	34271
1998	38673	35400
1999	39907	36530
2000	41141	37660

Use the 1970 values for all years prior to 1970

TABLE 2 #N/A

Construction Inflators by year and HSA
(Note: Use the 1960 Inflators for all years prior to 1960)
(For the FY94 Nursing Facility Rate Calculation Packet)

Year	1, 2 & 10	3, 4 & 5	11	6, 7, 8 & 9
1960	6.26	6.08	6.29	6.54
1961	5.67	5.52	5.66	5.87
1962	5.67	5.52	5.66	5.87
1963	5.67	5.52	5.66	5.87
1964	5.67	5.52	5.66	5.87
1965	5.67	5.52	5.66	5.87
1966	5.36	5.23	5.35	5.55
1967	5.1	4.97	5.08	5.28
1968	4.85	4.71	4.83	5.03
1969	4.61	4.48	4.59	4.79
1970	4.38	4.25	4.36	4.56
1971	4.01	3.89	3.98	4.15
1972	3.64	3.53	3.63	3.78
1973	3.36	3.26	3.36	3.48
1974	3.08	3	3.09	3.19
1975	2.83	2.77	2.8	2.91
1976	2.73	2.65	2.74	2.82
1977	2.57	2.48	2.55	2.68
1978	2.37	2.29	2.38	2.49
1979	2.18	2.12	2.21	2.32
1980	1.96	1.92	2.02	2.08
1981	1.8	1.76	1.86	1.91
1982	1.67	1.63	1.72	1.76
1983	1.54	1.5	1.57	1.65
1984	1.51	1.47	1.55	1.62
1985	1.48	1.45	1.5	1.59
1986	1.46	1.42	1.46	1.55
1987	1.44	1.4	1.43	1.52
1988	1.4	1.36	1.39	1.46
1989	1.35	1.33	1.35	1.41
1990	1.32	1.31	1.33	1.34
1991	1.29	1.29	1.3	1.31
1992	1.26	1.26	1.27	1.26
1993	1.25	1.24	1.25	1.23
1994	1.22	1.22	1.22	1.19
1995	1.2	1.2	1.19	1.17
1996	1.12	1.11	1.13	1.12
1997	1.1	1.09	1.1	1.1
1998	1.08	1.07	1.07	1.07
1999	1.04	1.04	1.04	1.04
2000	1.02	1.02	1.02	1.03
2001	1.00	1.00	1.00	1.00
2002	1.00	1.00	1.00	1.00

TABLE 3

Property Tax Inflator

HSA	Rate
1	1.05723
2	1.0395
3	1.0333
4	1.03302
5	1.03753
6	1.02368
7	1.02054
8	1.02613
9	1.01315
10	1.0815
11	1.03527

TABLE 4

Table 2 column

HSA	Column
1	1
2	1
3	2
4	2
5	2
6	4
7	4
8	4
9	4
10	1
11	3

		Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary		129,218	14,704	0	143,922	0	143,922	235	144,157
2. Food Purchase		0	122,131	0	122,131	0	122,131	-21,456	100,675
3. Housekeeping		73,195	15,631	0	88,826	0	88,826	0	88,826
4. Laundry		44,908	9,496	0	54,404	0	54,404	0	54,404
5. Heat and Other Utilities		0	0	96,677	96,677	0	96,677	638	97,315
6. Maintenance		29,429	30,382	7,588	67,399	0	67,399	3,915	71,314
7. Other (specify)*		0	0	0	0	0	0	0	0
8. Total General Services		276,750	192,344	104,265	573,359	0	573,359	-16,668	556,691
9. Medical Director		0	0	18,550	18,550	0	18,550	0	18,550
10. Nursing & Medical Records		764,559	32,152	8,650	799,734	0	799,734	0	799,734
10a. Therapy		0	0	40,497	46,124	0	46,124	0	46,124
11. Activities		27,618	411	0	28,029	0	28,029	0	28,029
12. Social Services		60,228	126	0	60,354	0	60,354	0	60,354
13. Nurse Aide Training		0	0	0	0	0	0	0	0
14. Program Transportation		0	0	0	0	0	0	0	0
15. Other (specify)*		0	0	0	0	0	0	0	0
16. Total Health Care & Programs		852,405	32,689	67,697	952,791	0	952,791	0	952,791
17. Administrative		88,524	0	103,781	192,305	0	192,305	-103,781	88,524
18. Directors Fees		0	0	0	0	0	0	0	0
19. Professional Services		0	0	15,033	15,033	0	15,033	14,963	29,996
20. Fees, Subscriptions & Promotion		0	0	2,334	2,334	0	2,334	326	2,660
21. Clerical & General Office		67,176	5,451	14,836	87,463	0	87,463	13,675	101,138
22. Employee Benefits & Payroll		0	0	194,669	194,669	0	194,669	18,537	213,206
23. Inservice Training & Education		0	0	155	155	0	155	463	618
24. Travel and Seminar		0	0	4,371	4,371	0	4,371	1,577	5,948
25. Other Admin. Staff Trans		0	0	4,274	4,274	0	4,274	1,677	5,951
26. Insurance-Prop.Liab.Malpractice		0	0	63,202	63,202	0	63,202	817	64,019
27. Other (specify)*		0	0	0	0	0	0	0	0
28. Total General Adminis		155,700	5,451	402,655	563,806	0	563,806	-51,746	512,060
29. Total General Administrative		1,284,855	230,484	574,617	2,089,956	0	2,089,956	-68,414	2,021,542
30. Depreciation		0	0	45,104	45,104	0	45,104	18,393	63,497
31. Amortization of Pre-Op. & Org.		0	0	0	0	0	0	0	0
32. Interest		0	0	177,897	177,897	0	177,897	7,723	185,620
33. Real Estate		0	0	22,696	22,696	0	22,696	-2,247	20,449
34. Rent - Facility & Grounds		0	0	0	0	0	0	3,039	3,039
35. Rent - Equipment & Vehicles		0	0	2,085	2,085	0	2,085	595	2,680
36. Other (specify):*		0	0	0	0	0	0	0	0
37. Total Ownership		0	0	247,782	247,782	0	247,782	27,503	275,285
38. Medically Necessary T		0	0	0	0	0	0	0	0
39. Ancillary Service Cent		0	8,609	0	8,609	0	8,609	0	8,609
40. Barber and Beauty Shop		0	0	0	0	0	0	0	0
41. Coffee and Gift Shops		0	0	0	0	0	0	0	0
	42	0	0	54,750	54,750	0	54,750	0	54,750
43. Other (specify):*		0	0	-30,654	-30,654	0	-30,654	30,654	0
44. Total Special Cost Ce		0	8,609	24,096	32,705	0	32,705	30,654	63,359
45. Grand Total		1,284,855	239,093	846,495	2,370,443	0	2,370,443	-10,257	2,360,186

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	0	0
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	512,801	512,801
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	9,367	9,367
7. Other Prepaid Expenses	2,856	2,856
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	525,024	525,024
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	44,078
14. Buildings, at Historical Cost	1,196,047	1,123,245
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	250,784	234,104
17. Accumulated Depreciation (book methods)	-455,538	-427,726
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	2,597,126	2,656,886
24. Total Long-Term Assets	3,588,419	3,630,587
25. Total Assets	4,113,443	4,155,611
CURRENT LIABILITIES		
26. Accounts Payable	531,549	531,549
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	57,790	57,790
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	22,500	22,500
33. Accrued Interest Payable	193	193
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	123,818	123,818
36. Other Current Liabilities (specify):	20,008	20,008
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	755,858	755,858
LONG TERM LIABILITES		
39.Long-Term Notes Payable	2,943,015	2,943,015
40.Mortgage Payable	54,556	54,556
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	2,997,571	2,997,571
46.Total Liabilities	3,753,429	3,753,429
47.Total Equity	360,014	402,182
48.Total Liabilities and Equity	4,113,443	4,155,611

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	2,399,742
2. Discounts and Allowances for all Levels	35,075
Subtotal - Inpatient Care	2,434,817
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	47,503
7. Oxygen	0
Subtotal - Anciliary Revenue	47,503
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	3,444
15. Telephone, Television, and Radio	5,585
16. Rental of Facility Space	0
17. Sale of Drugs	9,045
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiologyand X-Ray	0
21. Other Medical Services	2,154
22. Laundry	0
Subtotal - Other Operating Revenue	20,228
24. Contributions	0
25. Interest and Other Investments Income	0
Subtotal - Non-Operating Revenue	-
27. Other Revenue (specify):	16,316
28. Other Revenue (specify):	16874
Subtotal - Other Revenue	33,190
30. Total Revenue	2,535,738
31. General Services	573,359
32. Health Care	952,791
33. General Administration	563,806
34. Ownership	247,782
35. Special Cost Centers	-22,045
35. Provider Participation Fee	54,750
37. Other	0
40. Total Expenses	2,370,443
41. Income Before Income Taxes	165,295
42. Income Taxes	0
43. Net Income or Loss for the Year	165,295

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23	Provider Participation fee is linked from page 4